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Bib Data Sheet

CONFIRMATION NO. 6386

|  |   |                               |   |  |                                |
|--|---|-------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/706,454   | <b>FILING DATE</b><br>11/03/2000<br><b>RULE</b>   | <b>CLASS</b><br>455           | <b>GROUP ART UNIT</b><br>2681   | <b>ATTORNEY DOCKET NO.</b><br>021775-097 |                                |
| <b>APPLICANTS</b><br>Kevin Negus, Hyattsville, WY;<br><br><b>** CONTINUING DATA *****</b><br>THIS APPLN CLAIMS BENEFIT OF 60/163,456 11/04/1999<br><br><b>** FOREIGN APPLICATIONS *****</b>  |   |                               |   |  |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE</b><br><b>GRANTED ** 01/17/2001</b>   |   |                               |   |  |                                |
| <b>Foreign Priority claimed</b><br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>met<br>Verified and Acknowledged <i>[Signature]</i> <i>TT</i><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>WY | <b>SHEETS DRAWING</b><br>6  | <b>TOTAL CLAIMS</b><br>16                | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>21839  |   |                               |   |  |                                |
| <b>TITLE</b><br>Prioritization scheme for CSMA/CA  |   |                               |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>420  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |